



BOARD OF BEHAVIORAL SCIENCES
1625 North Market Blvd., Suite S200, Sacramento, CA 95834
Telephone (916) 574-7830
TDD (916) 322-1700
Website Address: <http://www.bbs.ca.gov>



INSTRUCTIONS FOR LIVE SCAN FINGERPRINTING

I. FINGERPRINT REQUIREMENTS

All applicants are required to submit two sets of fingerprints. All requests from this Board for background checks of applicants must be submitted to the **Department of Justice (DOJ) and the Federal Bureau of Investigation (FBI)** either by Live Scan or on a completed ten-print (hard card) applicant fingerprint card. Previously processed fingerprint cards, or photocopies of fingerprint impressions are not acceptable.

A LICENSE OR REGISTRATION WILL NOT BE ISSUED UNTIL THE BOARD RECEIVES THE BACKGROUND INFORMATION FROM THE DOJ. However, the Board will not delay licensure or registration while awaiting the FBI reports. If the FBI subsequently reports a conviction, the Board may take disciplinary action against the license if the conviction is subsequently related to the licensee's scope of practice or for failure to disclose the conviction on the application.

Fingerprint Fees

DOJ FINGERPRINT PROCESSING FEE \$32.00
FBI FINGERPRINT PROCESSING FEE \$24.00

The Live Scan agency will collect the fingerprint processing fees directly from the applicant at the time you obtain your live scan fingerprints. Please be aware that these processing fees are in addition to the service fee charged by the Live Scan operator.

II. COMPLETE THE REQUEST FOR LIVE SCAN SERVICE APPLICANT SUBMISSION FORM

Applicants must complete and submit the enclosed Request for Live Scan Service Applicant Submission form (BCII 8016) at the Live Scan site. Once your fingerprints have been scanned, the Live Scan operator will complete Box 6 of this form and return the second and third copies to you. **THE SECOND COPY OF THIS FORM, WITH BOX 6 COMPLETED BY THE LIVE SCAN OPERATOR, MUST BE SUBMITTED TO THE BOARD WITH YOUR APPLICATION IN ORDER FOR THE BOARD TO RETRIEVE YOUR CRIMINAL HISTORY REPORT FROM DOJ. Retain the third copy for your records.**

Live Scan fingerprints can be obtained at most local Police and Sheriff stations, local offices of the Department of Justice, and some large school districts. A current listing of Live Scan sites is available at the DOJ website at <http://caag.state.ca.us/app/livescan.htm>, select "Contact Information". **APPLICANTS SHOULD CALL THE LIVE SCAN SITE FOR HOURS OF OPERATION AND FEES, AND TO DETERMINE IF AN APPOINTMENT IS NECESSARY.** You must present a valid photo identification (i.e., driver's license or ID, military ID, or passport) at the live scan site.

COMPLETE THE ENCLOSED "REQUEST FOR LIVE SCAN SERVICE APPLICANT SUBMISSION FORM". Once your fingerprints have been scanned, the Live Scan operator will complete Box 6 of this form and return the second and third copies to you.

- **Your name must be identical to that submitted on your application.**
- All applicants must complete all items, which are marked by a black "X".
- To facilitate prompt and accurate processing, please **TYPE or print legibly** all requested information.

Box 1: Job Title or Type of License, Certification or Permit- Place an "X" in the box next to the registration/license type for which you are applying. For Intern Registration and Marriage and Family Therapy Licensure place an "X" in the box next to License Marriage and Family Therapist. For Associate Registration and Clinical Social Worker Licensure place an "X" in the box next to Licensed Clinical Social Worker.

Box 2: No action required.

Box 3:

Name of Applicant- Enter your full name, identical to that submitted on your application

AKA's- Indicate all other names used

DOB- Indicate your month/day/year of birth

Sex- Place "X" in the appropriate box

HT- Indicate your height in feet and inches using a three-digit code (first digit=feet, second and third digits=inches)

EXAMPLE: 5 feet 9 inches = 509

WT- Indicate your weight in pounds

Eye Color- Indicate eye color abbreviation:

BLK - Black

GRY - Gray

MAR - Maroon

BLU - Blue

GRN - Green

PNK - Pink

BRO - Brown

HAZ - Hazel

MUL - Multicolor

Hair Color- Indicate hair color abbreviation:

BAL - Bald

BRO - Brown

SDY - Sandy

BLK - Black

GRY - Gray

WHI - White

BLN - Blonde

RED - Red

POB- Indicate the state or country of birth

SOC- Enter your social security number

CDL- Enter your California Driver's license number

Box 4:

If resubmission, list Original ATI No. provided on the reject notification to avoid paying an additional processing fee.

Box 5: No action required

Box 6: To be completed by the Live Scan operator

REMEMBER, THE SECOND COPY OF THE FORM MUST BE SUBMITTED TO THE BOARD WITH YOUR APPLICATION IN ORDER FOR THE BOARD TO RETRIEVE YOUR CRIMINAL HISTORY REPORT FROM DOJ.

REQUEST FOR LIVE SCAN SERVICE FORM
Applicant Submission

ORI: AO462 Type of Application (check one) ☐ Employment ☒ License, Certification, Permit ☐ Volunteer

Job Title or Type of Licensure, Certification or Permit:

License Type ☐ Marriage and Family Therapist ☐ Licensed Clinical Social Worker ☐ Licensed Educational Psychologist

Agency Address Set Contributing Agency

BOARD OF BEHAVIORAL SCIENCES

01484

Mail Code

1625 NORTH MARKET BLVD., SUITE S200

Rosanna Webb-Flores

Contact Name

SACRAMENTO, CA 95834

(916) 574-7830

Name of Applicant: _____

AKA's: _____ CDL No. _____

DOB: _____ SEX: ☐ Male ☐ Female Misc. No. **BIL: APPLICANT MUST PAY**

HGT: _____ WGT: _____ Misc. No. _____

EYE Color: _____ HAIR Color: _____ Home Address: _____
Street of PO Box

POB: _____
City, State and Zip Code

SOC: _____

Your Number **Leave Blank**
OCA No. (Agency Identifying No.)

If resubmission, list Original ATI No. _____ Level of Service ☒ DOJ ☒ FBI

Employer: (Additional response for agencies specified by statute)

LEAVE THIS SECTION BLANK

Employer Name

Street No.

Mail Code (assigned by DOJ)

City State Zip

Agency Telephone No.

Live Scan Transmission Completed By: _____ Date: _____

Transmitting Agency _____ ATI No. _____ Amount Collected/Billed _____

BCII 8016 **ORIGINAL** Live Scan Operator SECOND COPY- Requesting Agency THIRD COPY – Applicant

REQUEST FOR LIVE SCAN SERVICE FORM
Applicant Submission

ORI: **AO462** Type of Application (check one) ☐ Employment ☒ License, Certification, Permit ☐ Volunteer

Job Title or Type of Licensure, Certification or Permit:

License Type ☐ Marriage and Family Therapist ☐ Licensed Clinical Social Worker ☐ Licensed Educational Psychologist

Agency Address Set Contributing Agency

BOARD OF BEHAVIORAL SCIENCES

01484

Mail Code

1625 NORTH MARKET BLVD., SUITE S200

Rosanna Webb-Flores

Contact Name

SACRAMENTO, CA 95834

(916) 574-7830

Name of Applicant: _____

AKA's: _____ CDL No. _____

DOB: _____ SEX: ☐ Male ☐ Female Misc. No. **BIL: APPLICANT MUST PAY**

HGT: _____ WGT: _____ Misc. No. _____

EYE Color: _____ HAIR Color: _____ Home Address: _____
Street of PO Box

POB: _____
City, State and Zip Code

SOC: _____

Your Number **Leave Blank**
OCA No. (Agency Identifying No.)

If resubmission, list Original ATI No. _____ Level of Service ☒ DOJ ☒ FBI

Employer: (Additional response for agencies specified by statute)

LEAVE THIS SECTION BLANK

Employer Name _____

Street No. _____

Mail Code (assigned by DOJ) _____

City _____ State _____ Zip _____

Agency Telephone No. _____

Live Scan Transmission Completed By: _____ Date: _____

Transmitting Agency _____ ATI No. _____ Amount Collected/Billed _____

BCII 8016 ORIGINAL- Live Scan Operator **SECOND COPY**- Requesting Agency THIRD COPY – Applicant

REQUEST FOR LIVE SCAN SERVICE FORM
Applicant Submission

ORI: **A0462** Type of Application (check one) ☐ Employment ☒ License, Certification, Permit ☐ Volunteer

Job Title or Type of Licensure, Certification or Permit:

License Type ☐ Marriage and Family Therapist ☐ Licensed Clinical Social Worker ☐ Licensed Educational Psychologist

Agency Address Set Contributing Agency

BOARD OF BEHAVIORAL SCIENCES

01484

Mail Code

1625 NORTH MARKET BLVD., SUITE S200

Rosanna Webb-Flores

Contact Name

SACRAMENTO, CA 95834

(916) 574-7830

Name of Applicant: _____

AKA's: _____ CDL No. _____

DOB: _____ SEX: ☐ Male ☐ Female Misc. No. **BIL: APPLICANT MUST PAY**

HGT: _____ WGT: _____ Misc. No. _____

EYE Color: _____ HAIR Color: _____ Home Address: _____
Street of PO Box

POB: _____
City, State and Zip Code

SOC: _____

Your Number **Leave Blank**
OCA No. (Agency Identifying No.)

If resubmission, list Original ATI No. _____ Level of Service ☒ DOJ ☒ FBI

Employer: (Additional response for agencies specified by statute)

LEAVE THIS SECTION BLANK

Employer Name

Street No.

Mail Code (assigned by DOJ)

City State Zip

Agency Telephone No.

Live Scan Transmission Completed By: _____ Date: _____

Transmitting Agency

ATI No.

Amount Collected/Billed

BCII 8016 ORIGINAL- Live Scan Operator SECOND COPY- Requesting Agency **THIRD COPY** – Applicant